	MILI	Eff		DETERM tober 1, 2		TION REC	ORL	);	In	fu	<u>ځ</u>	? <i>U. 1</i>	17/1
CLAIMS AS FILED - PART I								CMALL	ENTIT		_	70	17
۲.	TOTAL CLAIN		(Colu	(Column 1)		(Column 2)		TYPE			OR	OTHE	R THAN L ENTITY
-		vis 22				•		RAT	FE	Ε		RATE	
Ľ	OR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC	EE 385	.00	OR		E 770.0
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11	IDEPENDENT	CLAIMS		/ minus 3 =		0	1		<del></del>		OR	X\$18=	-
M	ULTIPLE DEP	ENDENT CLAIM	PRESENT				1	X43=		(	OR	X86=	<b></b>
. 1	f the differen	Ce in column 1 is	s loss the				<b>J</b>	+145=	f	1	OR	+290=	
				ess than zero, enter "0" in column 2			_	TOTAL	#403	00	DR.	TOTAL	
	6-25-6	(Column 1)	A. ERDI	MERDED - PARY II									HAH
_	<del></del>	CLAIMS	T	(Column 2) (Column 3)				SMAL	LENTIT		R F	SMALL	ENTITY
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							^43=.		OF	۱	X86=	
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Т		(Column 1)		(Column		(Column 3)							
T Ir		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
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F	IRST PRESE	VITATION OF MUL	TIPLE DEP	ENDENT CL	AIM.		<u>^</u>	43=		OR		X86=	
f tt	the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+	290=	
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
Th	e "Highest Numb	per Previously Paid I	For IN THIS	i SPACE is les Independent) i	s than ( is the hi	3, enter "3.", ghest number fo			opriate bo	x in co	אטווא	71. F <b>CE (-</b> 11.	